

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

CABIGON, MARK, , ,

Mailing Address 4929 HOSTETLER AVENUE

City
LAS VEGAS

State
NV

Zip Code
89131

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMC LAS VEGAS

Occupation
REGISTERED NURSE/PASTOR

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Transaction ID : SA17A.1410590

Date of Receipt

07 / 03 / 2018

Amount of Each Receipt this Period

50.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

CABIGON, MARK, , ,

Mailing Address 4929 HOSTETLER AVENUE

City
LAS VEGAS

State
NV

Zip Code
89131

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMC LAS VEGAS

Occupation
REGISTERED NURSE/PASTOR

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17A.1459471

Date of Receipt

08 / 03 / 2018

Amount of Each Receipt this Period

50.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

CABIGON, MARK, , ,

Mailing Address 4929 HOSTETLER AVENUE

City
LAS VEGAS

State
NV

Zip Code
89131

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMC LAS VEGAS

Occupation
REGISTERED NURSE/PASTOR

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Transaction ID : SA17A.1514690

Date of Receipt

09 / 03 / 2018

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

150.00

Total This Period (last page this line number only)